2016-07-20-07-00009-87

FE6AN023

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 11110@QusABAD: 14

1.	NAME OF COMMITTEE	(in	full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

GOLLING FOR CONG	12 ESS1 11	1.1.1.1.1.1		
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NUMBER COGGIII 37 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	CITY A 3. IS THIS REPORT (b) 12-Day PRE-	NEW (N) OR Election Report for the Primary (12P) Convention (12C) T-Election Report for General (30G)	STATE A AMENDED (A) e: General (12G) Special (12S)	ZIP CODE ▲ STATE ▼ DISTRICT GIA
I certify that I have examined this Report and to Type or Print Name of Treasurer CATHE Signature of Treasurer (I) (I) OF CA	- CAMPAIGN THEN INE AN	MGR.	is true, correct and con	3.0 / 2.0.7.6
NOTE: Submission of false, erroneous, or incomple Office Use Only	ete information may s	subject the person sign	F	TEC FORM 3 (Revised 02/2003)

Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (Itemize all on

SUMMARY PAGE FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write	or	Type	Committee	Name			
	(0	lling	FOR	Co	NGR	ESS
				-	•		

Report Covering the Period:

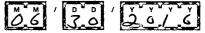
From:











	COLUMN A This Period	COLUMN B Election Cycle-to-Date
Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	,7.6.0.9.7	4,8,9,8,1
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7,60,97	4,8,9,8,1
Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1,5.7.4.6.7	1, 1,2,5,5,2,4
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1,5.7.4.9.7	12,5524
Cash on Hand at Close of Reporting Period (from Line 27)	<u> </u>	
Debts and Obligations Owed TO the Committee (Itemize all on		

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

COLLINS FOR CONGRESS

Report Covering the Period:





-	_	^		ID:	TC
_	-	€ :	-	_	15
 	_	u	_		

COLUMN A Total This Period

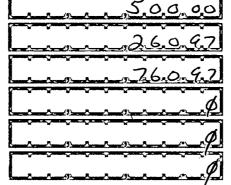
COLUMN B Election Cycle-to-Date

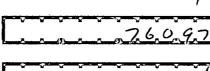
11. CONTRIBUTIONS (other than loans) FROM:

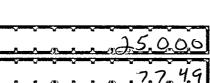
- Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals
- (b) Political Party Committees.....
- Other Political Committees (such as PACs).....
- (d) The Candidate
- TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..
- 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES
- 13. LOANS:

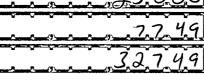
20:03:00089189

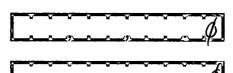
- Made or Guaranteed by the (a) Candidate.....
- (b) All Other Loans.....
- TOTAL LOANS (add Lines 13(a) and (b)).....
- 14. OFFSETS TO OPERATING **EXPENDITURES** (Refunds, Rebates, etc.)
- 15. OTHER RECEIPTS (Dividends, Interest, etc.).....
- 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).

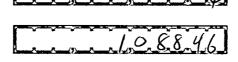


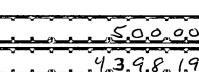


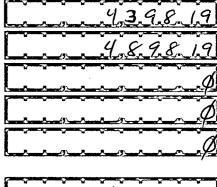


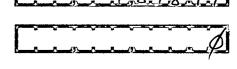


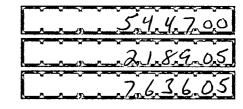














2016 : 07 · 20 · 0M · 00089190

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate..... (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees (b) Political Party Committees..... (c) Other Political Committees (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 25. SUBTOTAL (add Line 23 and Line 24)..... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)....

٠,
6
0
Ť
Ė
Ÿ
·~
9
_
-
)
4
Ó
-
A
Ž
7
2
~
;
0
Ŏ
0
ō
0
O
J
1
+
Q
7
1
77

	· · · · · · · · · · · · · · · · · · ·			
SCHEDULE A (FEC Form 3)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (check only one)		
TEMIZED RECEIPTS	Detailed Summary Page			
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) COLLINS FOR CONGRE	Ē S S			
Full Name (Last, First, Middle Initial)		•		
A. CARLYLE GREGORY JR. Mailing Address 140 LITTLE FAILS STREET City State FAILS CKURCH VA	Zin Code	Date of Receipt		
FALLS CKURCH VA	22046			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer CARIYLE GRECORY Co. (O) Receipt For: Election (on NSULTANT	Memo Item		
Receipt For! Primary General Other (specify) ▼	Cycle-to-Date ▼	Mento Item		
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address				
City State	Zip Code			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer Occupation	on	Memo Item		
Receipt For: Election (Cycle-to-Date ▼	wemo item		
Other (specify) ▼				
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address				
City State	Zip Code			
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period		
Name of Employer Occupation	n			
Receipt For: Election (Cycle-to-Date ▼	Memo Item		
Other (specify) ▼	~ · · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Receipts This Page (optional)		·		
TOTAL This Period (last page this line number only)				

2016:07:20:08:00089192

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: (check only one) Use separate schedule(s)

LINE NUMBER:			PAGE	OF	
ck	only one)				
	17	18	19a] 19t
	20a	20b	20c		21

ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
Full Name (Last, First, Middle Initial)	<u> </u>	
A. USPS	·	Date of Disbursement
Mailing Address Alphareman		05/12/2016
Roswell GA	Zip Code 	Amount of Each Disbursement this Period
Purpose of Disbursement FEC QUANTENLY FILING - C Candidate Name		Memo Item
State: A District: Full Name (Last, First, Middle Initial)		
B. CHOICE SAVINGS Mailing Address 839 ATLANTA CREET City State		Date of Disbursement
City State	Zip Code	Amount of Each Disbursement this Period
Roswell 6A Purpose of Disbursement	20075	5.19.40
Candidate Name HANDER COLLING	Category/ Type	Memo Item
Office Sought: House Disbursement F Senate President State: GA District: (or:	
Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address	·	05 31 \ <u>2016</u>
City Huy 92 City State WOODSTUCK GA	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	001	1,4,00
SERVICE FEE Candidate Name	Category/ Type	Memo Item
	or:	
State: 6 District: 1	**************************************	
SUBTOTAL of Disbursements This Page (optional)	······	5.4.0.9.7
TOTAL This Period (last page this line number only)		

ര
7
2 0
- 0 3
000000103

A.

Mailing Address

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

ROSWEll

HAY DEN CUM/NS Sought: House

Full Name (Last, First, Middle Initial)

WELC FAR 60
Mailing Address

Purpose of Disbursement

State: 64

Mailing Address

Candidate Name

Office Sought:

State:

Purpose of Disbursement

C.

City

12172 Huy 92

Candidate Name

HAYDER COlling

Full Name (Last, First, Middle Initial)

Senate

House

Senate

District:

President

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

District: //

President

Senate

President District: / (

Purpose of Disbursement ADVERTISI Candidate Name

PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 17 19a 19b 18 **Detailed Summary Page** 20a 20b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Collins for Congress
Full Name (Last, First, Middle Initial) Date of Disbursement CHOICE SAUINGS Zip Code Amount of Each Disbursement this Period 30075 <u> 400,00</u> 00.9 Memo Item Category/ Type Disbursement For: X Primary General Other (specify) Date of Disbursement State Zip Code Amount of Each Disbursement this Period 30188 O,O Memo Item Category/ Type Disbursement For: Primary General Other (specify) Date of Disbursement State Zip Code Amount of Each Disbursement this Period Memo Item Category Type Disbursement For: **Primary** General Other (specify)

2016 -
7
20
0 3
00089194

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE NUMBER: (check only one) 13a

DANS 		Detailed Summary Page	(check only one) 13a
AME OF COMMITTEE (In Full)			
Cullins For	CONGRESS		
LOAN SOURCE Full Name (Last, Firs		□ Mellio ifelii	Election: Primary
CollING HAYD€ Mailing Address	N T.		General
Mailing Address			Other (specify)
19 R 106E U16	EW COURT SW		
CARTERSUILLE	<u>68</u> 30	120	
Original Amount of Loan	Cumulative Payment To		e Outstanding at Close of This Period
5,2,2,0,0			5,220,00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
03/62/2016		PEN	% (apr) ☐ Yes ☒ No
List All Endorsers or Guarantors (if a	any) to Loan Source No	NE	
1. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address		Occupation	
		Amount	
City St	ate ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opti	onal)	. [
TOTALS This Period (last page in this lin			3, 3, 4, 0, 00
Carry outstanding balance only to LINE	2 Sahadula D. far this line.	i no Cohodulo D	
ours outstanding valance unity to LINE	o, ochequie D, for this line. If	ino ochequie D, carry forwa	in to appropriate line of Summary.

2016 -
0 7 -
2 0
03
00088195

SCHEDULE C (FEC Form 3) LOANS			Use separate schedule(s) for each category of the Detailed Summary Page PAGE OF P
AME OF COMMITTEE (In Full)			
		. 	
CONINS FOR C			□ Memo Itam Election:
·		•	Primary
COLLING, HA	YDEN	τ.	General
Mailing Address	r		Other (specify) ▼
COLLING, HA Mailing Address 19 RIOGEVI City	BW CC	OURT SW	POST PRIMARY
City			Code
CARRENSUIL	<u>e</u>	6A 3	0120
Original Amount of Loan		Cumulative Paymen	t To Date Balance Outstanding at Close of This Pe
2.5	0,00		25000
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TERMS Date Incurred		Date I	Due Interest Rate Secured:
	ĭĞ	M M / D D /	Ϋ́ΟΥΡΕΝ Yes X
List All Endorsers or Guarant	ors (if any) t	o Loan Source	JONE
1. Full Name (Last, First, Mid-	dle Initial)		Name of Employer
Mailing Address			Occupation
Walling / Callode			
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed
Oity	Otato	2.11 0000	Outstanding:
3. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
Walling Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Midd	le Initial)		Name of Employer
Mailing Address			Occupation
			Amount
City	State	ZIP Code	Guaranteed
			Outstanding:
SUBTOTALS This Period This Pa	ge (optional).		250,00
OTALS This Period (last page in	this line onl	y)	
			e. If no Schedule D, carry forward to appropriate line of Summa

2016
<u>0</u> 7
2 0
<u>0</u>
0008919
Ģ

COMEDINE O (FEO Farms O)			PAGE OF
SCHEDULE C (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER:	
LOANS	for each category of the Detailed Summary Page	(check only one) 13a	
NAME OF COMMITTEE (In Full)	_		
Culling FOR CONGRE	75		
LOAN SOURCE Full Name (Last, First, Middle In		☐ Memo item	ection:
Fruit GUN Hi	<u> </u>	Primary General	
Mailing Address		Other (specify) ▼	
3045 DARIEN PARK			
City State	ZIP Code		
City Coswell GA	700	76	
l l	nulative Payment To Da		Outstanding at Close of This Period
2,1.1.56			2,1,1,56
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M*M / D*D / 3378 M*		pě Ň	Ø % (apr) ☐ Yes ☑ No
List All Endorsers or Guarantors (if any) to Loa	n Source		
1. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
	- A	Amount	
City State ZIP	Code	Guaranteed Dutstanding:	
2. Full Name (Last, First, Middle Initial)	١	Name of Employer	
Mailing Address	(Occupation	
	<u> </u>	Amount	
City State ZIP	Code	Guaranteed Dutstanding:	
3. Full Name (Last, First, Middle Initial)	1	Name of Employer	· **
Mailing Address	(Occupation	
		Amount 2 2 2	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
City State ZIF	0000	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	 	Amount	
City State ZIF		Guaranteed Outstanding:	
	<u>,</u>		
SUBTOTALS This Period This Page (optional)		············ L	
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule	D. for this line. If no	Schedule D. carry forward	to appropriate line of Summary

ጌ
0 7
2 0
0 3 -
00089197

SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	OF.	
FOR LINE NUMBER:		
(check only one)		13a

]			-9-			1 1	3b
IAME OF COMMITTEE (In Full)	-							
CullINS FOR CONGRE	rs							
LOAN SOURCE Full Name (Last, First, Middle Ini	tial)		Memo Item					
Coul Coul				11	rimary Seneral			
Mailing Address				$\dashv \sqcup$	other (specify	() ▼		
3045 DARIEN PARLE City State	DR							
City State	ZIP Code	·		1				
norwell GA	3007	6						
1 -	ulative Payment To D	ate	Ba	lance Ou	itstanding at	Close of	This P	eriod
72.49			Ø		<u></u>	<u>, 7.</u>	2.4	9
TERMS Date Incurred	Date Due		Interest Ra	te		Secure	ed:	
M'M / 000 / 2016 M'M		ρĚχ		ͺͺʹͺφ	% (apr)	Ye	s 🛚] _{No}
List All Endorsers or Guarantors (if any) to Loan								
Full Name (Last, First, Middle Initial)	1	Name of Emp	ployer					
Mailing Address	(Occupation						
	1	Amount	-		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
City State ZIP	Code	Guaranteed Outstanding:			<u> </u>		_	
2. Full Name (Last, First, Middle Initial)	1	Name of Emp	ployer					
Mailing Address		Occupation						
	 	Amount						
City State ZIP	Code	Guaranteed Outstanding:			- 5			
3. Full Name (Last, First, Middle Initial)	1	Name of Emp	ployer		<u>, </u>			
Mailing Address	. (Occupation				-		
	 	Amount	<u> </u>		,			
City State ZIP	Oouc	Guaranteed Outstanding:			<u> </u>			
4. Full Name (Last, First, Middle Initial)		Name of Emp	ployer					
Mailing Address	-	Occupation		 -				 ,
	·	Amount					,	
City State ZIP	Code	Guaranteed Outstanding:						
**************************************			-	V	1 V V			
SUBTOTALS This Period This Page (optional)								
TOTALS This Period (last page in this line only)			• [<u></u>	,1.85) د. ۲	
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no	Schedule [D, carry for	rward to	appropriate	e line of S	Summa	ary.

SCHEDULE C-1 (FEC Form 3) LOANS AND LINES OF CREDIT FROM	A LENDING INSTITUTION	Supplementary for Information found on
Federal Election Commission, Washington, D.C. 20463	& NONE	Page of Schedule
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
		COO.6.1.1.3.7
Collins For Congr		
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name		%
Mailing Address	Date Incurred or Establishe	
City State Zip Code	Date Due	
A. Has loan been restructured? No Yes	If yes, date originally incurr	red Man / Darb / Trans
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt No Yes (Endorsers and guaranto	incurred? ors must be reported on Schedule C	0.)
D. Are any of the following pledged as collateral for property, goods, negotiable instruments, certifications, accounts receivable, cash on deposit, on the No the Yes of Yes, specify:	ates of deposit, chattel papers, or other similar traditional collateral?	What is the value of this collateral? Does the lender have a perfected secuinterest in it? No Yes
E. Are any future contributions or future receipts o collateral for the loan? No Yes If	f interest income, pledged as yes, specify:	What is the estimated value?
A depository account must be established purs to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
W W \ O O \ Y Y Y Y Y	City, State, Zip:	
F. If neither of the types of collateral described ab exceed the loan amount, state the basis upon v	pove was pledged for this loan, or if	the amount pledged does not equal or pasis on which it assures repayment.
G. COMMITTEE TREASURER		DATE
Typed Name Signature		
H. Attach a signed copy of the loan agreement.		
TO BE SIGNED BY THE LENDING INSTITUTIO To the best of this institution's knowledge, are accurate as stated above. The loan was made on terms and conditions similar extensions of credit to other borrow. This institution is aware of the requirement complied with the requirements set forth a	the terms of the loan and other inf s (including interest rate) no more favo wers of comparable credit worthines t that a loan must be made on a ba	prable at the time than those imposed for as. asis which assures repayment, and has
AUTHORIZED REPRESENTATIVE		DATE
Typed Name Signature	Title	MAM (DAD) (AAAAA

$^{\circ}$
4
ñ
Ų
1
盘
6
-
Q
낲
7
•
_
Э.
6
n
,
-
Λ
Ž
Z,
cod.
~
O
Ų
ň
×
U
ō
Q
Q
Ÿ
1
a
9
O
7

SCHEDULE D (FEC Form 3)	(Use separate	PAGE OF			
DEBTS AND OBLIGATIONS	schedule(s) FOR LINE NUMBER:				
Excluding Loans	for each numbered line)	(check only one) 9			
NAME OF COMMITTEE (In Full)					
Collins For CONGA		Nature of D	ebt (Purpose):		
A. Full Name (Last, First, Middle Initial) of Debtor or Cri	eattor	Tractice of B	est (i diposo).		
Mailing Address					
City State Zip	Code				
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
	<u> </u>				
B. Full Name (Last, First, Middle Initial) of Debtor or Cre	ditor	Nature of D	ebt (Purpose):		
	<u></u>				
Mailing Address					
City State Zip	Code				
Oily State					
Outstanding Balance Beginning This Period		·			
The Parameter Degrammy Time Tones		•			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
C. Full Name (Last, First, Middle Initial) of Debtor or Cr	editor	Nature of D	ebt (Purpose):		
Mailing Address					
Walling Address					
City Sta	e Zip Code				
Outstanding Balance Beginning This Period					
Amount Insured This David	Decimant This Burker	0.4-4	an Balanca at Oliverat Till Balanci		
Amount Incurred This Period	Payment This Period		ng Balance at Close of This Period		
	<u></u>	سسا لس			
1) SUBTOTALS This Period This Page (optional)	······	P <u> </u>			
2) TOTALS This Period (last page this line number only)					
3) TOTAL OUTSTANDING LOANS from Schedule C (last	page only)	>			
4) ADD 2) and 3) and carry forward to appropriate line of	Summary Page (last page or	nly) 🕨 🔔			

FEC FORM 3Z (File with Form 3)

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS.

(To Be Used By A Principal Campaign Committee)

NOT APPLICABLE

Na	Name of Principal Campaign Committee (In Full) Report Covering Period:								
	From: To:						1		
				TWW-1 / PT	ASSASSA 1 LOS	ومروا / لاسمسا لـ	\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
						(a) Line No. 11(a)	(b) Line No. 11(b)		
			Committee N	lame		Total Contributions From	Total Contributions		
						Indiv./Persons Other Than Political Committees	From Political Party Committees		
						r ontical committees			
Α					•				
Ħ	_	· · · · · · · · · · · · · · · · · · ·							
В	Co	olumn Total Last Page O	nly						
T	T	(c)	(d)	(e)	(f)	(g)	(h)		
- 1	1	Line No. 11(c) Total Contributions	Line No. 11(d) Total Contributions	Line No. 11(e) Total	Line No. 12 Total Transfers	Line No. 13(a) Total Loans Made or	Line No. 13(b) Total All		
ı		From Other Political	From The	Contributions	From Other Authorized	Guaranteed by	Other Loans		
		Committees	Candidate		Committees	the Candidate			
	T								
ŀ	4						<u> </u>		
	В								
Ì	7	(i)	(j)	(k)	(1)	(m)	(n)		
- 1	-	Line No. 13(c)	Line No. 14	Line No. 15	Line No. 16	Line No. 17	Line No. 18		
- 1	1	Total Loans	Total Offsets to Operating	Total Other	Total Receipts	Total Operating	Total Transfers to Other Authorized		
-	.	204.10	Expenditures	Receipts	1	Expenditures	Committees		
	7								
	Α								
	в								
		(o)	(p)	(p)	(r)	(s)	(t)		
		Line No. 19(a) Total Loan Repayments	Line No. 19(b)	Line No. 19(c)	Line No. 20(a)	Line No. 20(b)	Line No. 20(c)		
		of Loans Made or Guaranteed by The Can-	Total Loan Repayments of All Other Loans	Total Loan Repayments	Total Contribution Refunds to	Total Contribution Refunds to Political	Total Contribution Refunds to Other		
		didate	0.7.11.0.110.250.15		Individuals/Persons	Party Committees	Political Committees		
	Δ				<u> </u>		<u> </u>		
	В								
		6.0	6.4	644	(4)	6.0			
	H	(u) Line No. 20(d)	(v) Line No. 21	(w) Line No. 22	(x) Line No. 23	(y) Line No. 27	(z) Line No. 9		
		Total	Total Other	Total	Cash on Hand	Cash on Hand	Debts & Obligations		
		Contribution Refunds	Disbursements	Disbursements	Beginning of Reporting Period	Close of Reporting Period	Owed TO the Committee		
	$\vdash \downarrow$	riciulius			Troporting Period	ricporting r enou			
	Α								
	П								
	В				_				
		(aa) Line No. 10	(bb) Line No. 6(c)	(cc) Line No. 7(c)					
		Debts & Obligations	Net Contributions	Net Operating					
	Ì	Owed BY the		Expenditures					
	dash	Committee			 				
	A								
					<u> </u>				
	В								

MATHER STATES

RETURN REGEIPT REQUESTED

onis Jul 20 AM 10

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
Postmarked USPS First Class Mail	Date of Receipt				
USPS Registered/Certified	Postmarked (R/C) 7/15/21/6				
USPS Priority Mail	Postmarked				
USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Busines	s Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	eceipt or Postmarked				
DDEDADED MP	7/20/2016				
PREPARER //// (3/2015)	DATE PREPARED				